DT15 Rec'd PCT/PTO 0 1 DEC 2004

PTO/SB/80 (12-03)

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I her	eby appoint:					
X	Practitioners associated with the Customer Number:	24737				
(OR					
	Practitioner(s) named below (if more than ten patent practitioner	are to be named, then a custor	mer number must be used):			
l	Name	Registrati	on Number			
			or runber			
1						
ı						
as atto	mey(s) or agent(s) to represent the undersigned before the United all patent applications assigned only to the undersigned assert	States Patent and Trademark	Office (LISPTO) in connection with			
any an	d all patent applications assigned only to the undersigned accorded to this form in accordance with 37 CFR 3.73(b).	ng to the USPTO assignment re	ecords or assignment documents			
			-			
Assignee Name and Address:						
Koninklijke Philips Electronics N.V.						
G	Groenewoudseweg 1					
5	5621 BA Eindhoven, The Netherlands					
			•			
A cop	y of this form, together with a statement under 3	CFR 3.73(b) (Form PTO	/SB/96 or equivalent) is			
	TO TO DO THE WHICH THE TAIL	'M' IO LICAN Tha atala				
	e completed by one of the practitioners appointerized to act on behalf of the assignee, and must i	n in thic tarm is the acc.	-14- al 4741			
Attorr	ney isto be filed.	dentity the application if	n which this Power of			
	SIGNATURE of Assi	anee of Poseri				
	The individual whose signature and title is supplied be	low is authorized to act on beha	alf of the assignee			
Name	Matthieu van Kapp					
Signatur	hum	Date	Amil 69 2004			
Title	Authorized Representative	Telephone	(914) 333-9600			
his colle	ction of information is required by 37 059, 1.31 and 1.33. The information	s societad to obtain	<u></u>			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria V. 2011-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10/516645DT15 Rec'd PCT/PTO 0 1 DEC 2004

PTO/SB/96 (08-03)

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STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: Koninklijke Philips Electronics N.V. Application No./Patent No.: Concurrently Filed/Issue Date: Concurrently Entitled: LOW-PRESSURE MERCURY VAPOR DISCHARGE LAMP Koninklijke Philips Electronics N.V. corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) states that it is: 1. the assignee of the entire right, title, and interest; or 2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is in the patent application/patent identified above by virtue of either: A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached. OR B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below: - To: -The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame ____ ____, or for which a copy thereof is attached. To: The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____ _, or for which a copy thereof is attached. 3. From: The document was recorded in the United States Patent and Trademark Office at _____, Frame _____, or for which a copy thereof is attached. [] Additional documents in the chain of title are listed on a supplemental sheet. [] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08] The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. Frank Keegan, Reg. 50,145 Date Typed or grinted name (914) 333-9669 Telephone number Corporate Counsel

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL020940 US

(July 1994)

As a below named inventor, I he	ereby declare that:		·
My residence, post office addre	ss and citizenship are as state	ed next to my name.	
I believe I am the original, first a plural names are listed below) of entitled: "Low-pressure me the specification of which (check	of the subject matter which is c ercury vapor discharge	ame is listed below) or an original laimed and for which a patent is s lamp"	first and joint inventor (if ought on the invention
is attached hereto.			
was filed as United States a	oplication		
Serial No ————	·		
on			
and was amended	, .		
on			
·			
■ was filed as PCT internation	al application		
Number <u>PCT/IB03/02367</u>			
on05 June 2003			
and was amended under PCT	Article 19		
on			(if applicable).
		·	
I hereby state that I have review claims, as amended by any am	ved and understand the conte endment referred to above.	nts of the above-identified specific	ation, including the
I acknowledge the duty to discle Title 37, Code of Federal Regu	ose information which is mater lations, § 1.56(a).	rial to the examination of this appli	cation in accordance with
or inventor's certificate or of an States of America listed below any PCT international application on the same subject matter have	y PCT international applicatior and have identified below any on(s) designating at least one ving a filing date before that of	States Code, § 119 of any foreign n(s) designating at least one count foreign application(s) for patent o country other than the United Stat the application(s) of which priority	ry other than the United rinventor's certificate or es of America filed by me is claimed:
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 1	9:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	02079125.7 &	6 June 2002 &	YES
Europe	02077211.7	4 October 2002	YES
		U.S. DEPARTMENT OF COMMER	RCE –Patent and Trademarks Offic

Pac'd FCT/PTC

01 DEC 200°

Combined Declaration For Patent Application and Power of Attorney (Continued)

includes Reference to PCT International Applications)

Attorneys Docket Number PHNL020940 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attomey(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245

Direct Telephone Calls to: (name and telephone number) (914)332-0222

	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS	The Netherlands CITY	Germany
206	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
.CD	FULL NAME OF INVENTOR	FAMILY NAME MOENCH	FIRST GIVEN NAME Holger	SECOND GIVEN NAME
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
,	CITIZENSHIP POST OFFICE	POST OFFICE ADDRESS	The Netherlands CITY	The Netherlands STATE & ZIP CODE/COUNTRY
205	INVENTOR RESIDENCE &	CITY	Johannes STATE OR FOREIGN COUNTRY	Trudo Cornelis COUNTRY OF CITIZENSHIP
-2	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	ADDRESS	Zwaanhoefstraat 2	4700 BC Roosendaal	The Netherlands
1	CITIZENSHIP POST OFFICE	Roosendaal NLX POST OFFICE ADDRESS	The Netherlands CITY	The Netherlands STATE & ZIP CODE/COUNTRY
10 0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	FULL NAME OF INVENTOR	FAMILY NAME VAN DER POL	FIRST GIVEN NAME -Adrianus-	SECOND GIVEN NAME Johannes Hendricus Petrus
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
21 203	RESIDENCE & CITIZENSHIP	Eindhoven NLY	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
100	INVENTOR	GIELEN	Johannes	Wilhelmus Anna Maria
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	The Netherlands CITY	The Netherlands STATE & ZIP CODE/COUNTRY
202	RESIDENCE &	CITY Eindhoven	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
200	INVENTOR	VAN DER BURGT	Petrus	Johannes Matthijs
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	POST OFFICE ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	CITIZENSHIP	POST OFFICE ADDRESS	The Netherlands CITY	The Netherlands STATE & ZIP CODE/COUNTRY
201	RESIDENCE &	CITY NLY	STATE OF FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Col	INVENTOR	WAUMANS	<u>Lars</u>	Rene Christian
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 13 January 2004	DATE 13 January 2004	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE 13 January 2004	DATE

	ncludes Reference to PCT International Applications) PHNL020940 US					
POW	ER OF ATTORNE ct all business in the	Y: As a named inventor, I hereby Patent and Trademark Office con	appoint the following attorney(s) a nected therewith. (List name and r	nd/or agent(s) to pregistration number)	osecute this application and	
Jack Micha Edwa	E. Haken, Reg. ael E. Marion, R ard M. Blocker, F	No. 26,902 eg. No. 32,266 Reg. No. 30,245		Direct Telephone (name and teleph (914)332-0222	one number)	
	FULL NAME OF INVENTOR	FAMILY NAME HELLEBREKERS	FIRST GIVEN NAME Wilhelmus	SEC Ma	COND GIVEN NAME	
207	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OF FOREIGN COUNTHE Netherlands	The	UNTRY OF CITIZENSHIP • Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	The	ATE & ZIP CODE/COUNTRY • Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME DE MAN	FIRST GIVEN NAME Rolf	Erv		
208	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUR The Netherlands	The	UNTRY OF CITIZENSHIP Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven		ATE & ZIP CODE/COUNTRY • Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME HENDRIX	FIRST GIVEN NAME Johan		COND GIVEN NAME ppold Victorina	
209	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands		UNTRY OF CITIZENSHIP gium	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven		ATE & ZIP CODE/COUNTRY • Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME DORLEIJN	FIRST GIVEN NAME Jan	Wil	COND GIVEN NAME lem Frederik	
210	RESIDENCE & CITIZENSHIP	CITY Roosendaal	STATE OR FOREIGN COUI The Netherlands	The	UNTRY OF CITIZENSHIP Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Zwaanhoefstraat 2	CITY 4700 BC Roosendaal		ATE & ZIP CODE/COUNTRY • Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME DE GROOT	FIRST GIVEN NAME Josephus	Joh	COND GIVEN NAME	
211	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUI The Netherlands		UNTRY OF CITIZENSHIP • Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	1	ATE & ZIP CODE/COUNTRY • Netherlands	
I here	by declare that all	I statements made herein of m	y own knowledge are true and	that all statement	s made on information and	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

		OLONIATURE OF INVENTOR 200
SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	
DATE	DATE 10 I 2007	
	19 January 2004	

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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL020940 US

As a below named inventor, I have	ereby declare that:		
My residence, post office addre	ess and citizenship are as state	ed next to my name.	
	of the subject matter which is decreased and the subject matter which is decreased as the subject to the subjec	name is listed below) or an original, firs claimed and for which a patent is sougl lamp"	
is attached hereto.			
☐ was filed as United States a	pplication		
Serial No ————			
on —		-,-	
and was amended			
on			
was filed as PCT internation Number PCT/IB03/0236 on 05 June: 2003	57		
and was amended under PCT	Article 10		
	Article 19		(if applicable).
on —			(ii applicable).
I hereby state that I have review claims, as amended by any am		nts of the above-identified specification	n, including the
I acknowledge the duty to discletitle 37, Code of Federal Regu		rial to the examination of this application	on in accordance with
or inventor's certificate or of an States of America listed below any PCT international application	y PCT international application and have identified below any on(s) designating at least one	States Code, § 119 of any foreign apple (s) designating at least one country of foreign application(s) for patent or invector of the application(s) of which priority is c	ther than the United entor's certificate or f America filed by me
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:	
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	02079125.7 &	6 June 2002 &	YES
Europe	02077211.7	4 October 2002	YES
		U.S. DEPARTMENT OF COMMERCE -	Patent and Trademarks Office

Of DEC 200

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

PHNL020940 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

201	FULL NAME OF INVENTOR	FAMILY NAME WAUMANS	FIRST GIVEN NAME	SECOND GIVEN NAME
201		WALIMANS		
1 -0 - 1		WADINAIO	Lars	Rene Christian
	RESIDENCE &	CITY	STATE OF FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
! I	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	VAN DER BURGT	Petrus	Johannes Matthijs
202	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Hoistlaan 6	5656 AA Eindhoven	The Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	GIELEN	Johannes	Wilhelmus Anna Maria
203	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
Î	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	VAN DER POL	Adrianus	Johannes Hendricus Petrus
204	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Roosendaal	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Zwaanhoefstraat 2	4700 BC Roosendaal	The Netherlands
i i	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	VAN KEMENADE	Johannes	Trudo Cornelis
205	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
l i	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	MOENCH	Holger	
206	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Vaals	The Netherlands	Germany
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Viergrenzenweg 53	6291 BM Vaals	The Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE 15 January 2004
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number							
tincludes Reference to PCT International Applications)							
POWE transac	POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)						
		No. 26,902 eg. No. 32,266 Reg. No. 30,245	•	Direct Teleph			
-	FULL NAME OF INVENTOR	FAMILY NAME HELLEBREKERS	FIRST GIVEN NAME Wilhelmus		SECOND GIVEN NAME Marie		
207	RESIDENCE &	CITY Eindhoven	STATE OF FOREIGN COULT The Netherlands	VTRY	COUNTRY OF CITIZENSHIP The Netherlands		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands		
	FULL NAME OF INVENTOR	FAMILY NAME. DE MAN	FIRST GIVEN NAME Rolf		SECOND GIVEN NAME Erwin		
208	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COU The Netherlands	NTRY	COUNTRY OF CITIZENSHIP The Netherlands		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands		
	FULL NAME OF INVENTOR	FAMILY NAME HENDRIX	FIRST GIVEN NAME Johan		SECOND GIVEN NAME Leopold Victorina		
209	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP Belgium		
	POST OFFICE	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands		
	FULL NAME OF INVENTOR	FAMILY NAME DORLEIJN	FIRST GIVEN NAME Jan		SECOND GIVEN NAME Willem Frederik		
210	RESIDENCE & CITIZENSHIP	CITY Roosendaal	STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Zwaanhoefstraat 2	CITY 4700 BC Roosendaal		STATE & ZIP CODE/COUNTRY The Netherlands		
	FULL NAME OF INVENTOR	FAMILY NAME DE GROOT	FIRST GIVEN NAME Josephus		SECOND GIVEN NAME Johannes		
211	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COU The Netherlands	NTRY	COUNTRY OF CITIZENSHIP The Netherlands		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands		
<u> </u>	<u></u>						
belief	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.						
			•				
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SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DĄTE	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	·
DATE 22.January 2004	DATE	

01 DEC 2004

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL020940 US

As a below named inventor	I hereby declare that:		
My residence, post office ac	ddress and citizenship are as state	d next to my name.	
plural names are listed belo	rst and sole inventor (if only one n w) of the subject matter which is o mercury vapor discharge heck only one item below):	laimed and for which a patent is s	, first and joint inventor (if ought on the invention
is attached hereto.			
was filed as United State	es application		
Serial No	·		
on —	<u>.</u>		
and was amended	•		
on			·
x was filed as PCT interna	ational application		
Number PCT/IB03/023	67		
on <u>05 June 2003</u>			
claims, as amended by any	eviewed and understand the conter amendment referred to above.	nts of the above-identified specific	
I hereby claim foreign prior or inventor's certificate or of States of America listed be any PCT international appl on the same subject matter	ity benefits under Title 35, United if any PCT international application low and have identified below any ication(s) designating at least one having a filing date before that of	n(s) designating at least one coun foreign application(s) for patent o country other than the United Stathe application(s) of which priority	r inventor's certificate or tes of America filed by me y is claimed:
PRIOR FOREIGN/PCT AP	PLICATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 1	19:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	02079125.7 &	6 June 2002 &	YES
Europe	02077211.7	4 October 2002	YES
		U.S. DEPARTMENT OF COMME	RCF -Patent and Trademarks Office

Attomeys Docket Number 2004

Combined Declaration For Patent Application and Power of Attorney (Continued) (included Reference to PCT International Applications)

PHNL020940 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

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i	4			
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	WAUMANS	Lars	Rene Christian
201	RESIDENCE &	CITY	STATE OF FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
-0 .	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	VAN DER BURGT	Petrus	Johannes Matthijs
202	RESIDENCE &	CITY .	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
202	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
}	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	GIELEN	Johannes	Wilhelmus Anna Maria
203	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Eindhoven .	The Netherlands	The Netherlands
,	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	VAN DER POL	Adrianus	Johannes Hendricus Petrus
204	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Roosendaal	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Zwaanhoefstraat 2	4700 BC Roosendaal	The Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
ŀ	INVENTOR	VAN KEMENADE	Johannes	Trudo Cornelis
205	RESIDENCE &	CITY :	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
200	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	MOENCH	Holger	
206	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
-30	CITIZENSHIP	Vaals	The Netherlands	Germany
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
t .	FUST OFFICE	1	6291 BM Vaals	The Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
AMA		
DATE 20 January 2004	DATE	DATE

Combined Declaration For Patent Application and Power of Attorney (Continued)					Attorneys Docket Number
(includes Reference to PCT International Applications)					PHNL020940 US
POWI	ER OF ATTORNE	Y: As a named inventor, I hereby ap	point the following attorney(s) a	ind/or agent(s) to	prosecute this application and
		Patent and Trademark Office conne			
Jack Micha Edwa	E. Haken, Reg. ael E. Marion, R ard M. Blocker, F	No. 26,902 eg. No. 32,266 Reg. No. 30,245		Direct Telephor (name and tele (914)332-02	ne Calls to: phone number) 22
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	S	ECOND GIVEN NAME
	INVENTOR	HELLEBREKERS	Wilhelmus		1arie
207	RESIDENCE &	CITY	STATE OF FOREIGN COU	VTRY C	OUNTRY OF CITIZENSHIP
	CITIZENSHIP	Eindhoven	The Netherlands		he Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	S	TATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	T	he Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	S	ECOND GIVEN NAME
	INVENTOR	DE MAN	Rolf		rwin
208	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		OUNTRY OF CITIZENSHIP
	CITIZENSHIP	Eindhoven	The Netherlands		he Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY		TATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven		he Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	_	ECOND GIVEN NAME
	INVENTOR	HENDRIX	Johan		eopold Victorina
209	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		OUNTRY OF CITIZENSHIP
	CITIZENSHIP	Eindhoven	The Netherlands		Belgium
	POST OFFICE	POST OFFICE ADDRESS	1 •		TATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	نـــــــــــــــــــــــــــــــــــــ	he Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	1 -	ECOND GIVEN NAME
	INVENTOR	DORLEIJN	Jan		Villem Frederik
210	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		OUNTRY OF CITIZENSHIP
	CITIZENSHIP	Roosendaal	The Netherlands		he Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY		TATE & ZIP CODE/COUNTRY
	ADDRESS	Zwaanhoefstraat 2	4700 BC Roosendaal		he Netherlands
-	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		ECOND GIVEN NAME
	INVENTOR	DE GROOT	Josephus		ohannes
211	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY		OUNTRY OF CITIZENSHIP
	CITIZENSHIP	Eindhoven	The Netherlands		he Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	S	TATE & ZIP CODE/COUNTRY
	ADDRESS	Prof Holstlaan 6	5656 AA Eindhoven	Т	he Netherlands

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SIGNATURE OF INVENTOR 207 W. Hellbuler	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE /
12 January 2004	12 January 2004	12 January 2004
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	·
DATE	DATE	

Dar'd PUT

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

01 DEC 2004
ATTORNEY'S DOCKET
NUMBER
PHNL020940 US

As a below named inventor, I he	ereby declare that:					
My residence, post office address and citizenship are as stated next to my name.						
plural names are listed below) of entitled: "Low-pressure me	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Low-pressure mercury vapor discharge lamp" the specification of which (check only one item below):					
is attached hereto.						
was filed as United States a	pplication					
Serial No ————						
on						
and was amended						
on						
	al application					
Number PCI/IB03/02367						
on 05 June 2003						
011						
and was amended under PCT	Article 19					
on (if applicable).						
I hereby state that I have review claims, as amended by any am	ved and understand the conte endment referred to above.	nts of the above-identified specificatior	n, including the			
	I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).					
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:						
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:						
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119			
Europe	02079125.7 &	6 June 2002 &	YES			
Europe	02077211.7	4 October 2002	YES			
	L	U.S. DEDARTMENT OF COMMEDOE	Potent and Tradomarks Office			

Combined Declaration For Patent Application and Power of Attorney (Continued Continued Attorney Docket Nu (includes Reference to PCT International Applications) PHNL020940 US POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222 SECOND GIVEN NAME FIRST GIVEN NAME **FULL NAME OF FAMILY NAME** Rene Christian **INVENTOR WAUMANS** Lars COUNTRY OF CITIZENSHIP RESIDENCE & CITY STATE OF FOREIGN COUNTRY 201 The Netherlands The Netherlands CITIZENSHIP Eindhoven STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS CITY POST OFFICE The Netherlands **ADDRESS** Prof. Holstlaan 6 5656 AA Eindhoven SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME **FULL NAME OF** Petrus Johannes Matthijs **INVENTOR VAN DER BÜRGT** COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY **RESIDENCE &** CITY 202 The Netherlands The Netherlands CITIZENSHIP Eindhoven STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS The Netherlands **ADDRESS** Prof. Holstlaan 6 5656 AA Eindhoven SECOND GIVEN NAME FIRST GIVEN NAME **FULL NAME OF** FAMILY NAME Wilhelmus Anna Maria **INVENTOR Johannes** GIELEN COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY **RESIDENCE &** CITY 203 The Netherlands The Netherlands Eindhoven CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS The Netherlands 5656 AA Eindhoven **ADDRESS** Prof. Holstlaan 6 SECOND GIVEN NAME FIRST GIVEN NAME FAMILY NAME FULL NAME OF Johannes Hendricus Petrus **VAN DER POL Adrianus** INVENTOR STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** CITY 204 The Netherlands CITIZENSHIP Roosendaal The Netherlands STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE CITY The Netherlands 4700 BC Roosendaal **ADDRESS** Zwaanhoefstraat 2 SECOND GIVEN NAME FIRST GIVEN NAME FAMILY NAME **FULL NAME OF** Trudo Cornelis **INVENTOR VAN KEMENADE** Johannes STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 205 **RESIDENCE &** CITY CITIZENSHIP Eindhoven The Netherlands The Netherlands STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE CITY The Netherlands 5656 AA Eindhoven Prof. Holstlaan 6 **ADDRESS** SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME FULL NAME OF INVENTOR **MOENCH** Holger STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** CITY 206 Germany The Netherlands CITIZENSHIP Vaals

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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DATE	DATE
SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
·	Holy Monie
DATE	DATE 16 January 2004
	DATE SIGNATURE OF INVENTOR 205

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office (July 1994)

STATE & ZIP CODE/COUNTRY

The Netherlands

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) Attorneys Docket Number PHNL020940 US					
POW	ER OF ATTORNE	Y: As a named inventor, I hereby a Patent and Trademark Office conn	appoint the following attorney(s) a nected therewith. (List name and i	nd/or agent(s) to p	rosecute this application and
Jack Micha Edwa	E. Haken, Reg. ael E. Marion, R ard M. Blocker, f	No. 26,902 eg. No. 32,266 Reg. No. 30,245		Direct Telephone (name and telephone (914)332-022	none number) 2
	FULL NAME OF INVENTOR	FAMILY NAME HELLEBREKERS	FIRST GIVEN NAME Wilhelmus		COND GIVEN NAME
207	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OF FOREIGN COUNTIES Netherlands		DUNTRY OF CITIZENSHIP De Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven		ATE & ZIP CODE/COUNTRY le Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME DE MAN	FIRST GIVEN NAME Rolf		COND GIVEN NAME win
208	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands		OUNTRY OF CITIZENSHIP LE Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven		ATE & ZIP CODE/COUNTRY se Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME HENDRIX	FIRST GIVEN NAME Johan		COND GIVEN NAME opold Victorina
209	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands		OUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven		ATE & ZIP CODE/COUNTRY e Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME DORLEIJN	FIRST GIVEN NAME Jan		COND GIVEN NAME Ilem Frederik
210	RESIDENCE & CITIZENSHIP	CITY Roosendaal	STATE OR FOREIGN COUNTRY The Netherlands		OUNTRY OF CITIZENSHIP LE Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Zwaanhoefstraat 2	CITY 4700 BC Roosendaal		ATE & ZIP CODE/COUNTRY e Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME DE GROOT	FIRST GIVEN NAME Josephus		COND GIVEN NAME hannes
211	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands		OUNTRY OF CITIZENSHIP Le Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven		ATE & ZIP CODE/COUNTRY e Netherlands
I here	by declare that all	statements made herein of my	own knowledge are true and	that all statemen	its made on information and

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 207	SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210	SIGNATURE OF INVENTOR 211	
DATE	DATE	